


**2007, NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N29733 1. Entity Name LEE VISTA WEST OWNERS ASSOCIATION, INC.	
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Principal Place of Business 7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822	Mailing Address 7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822
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01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2923413	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEE, RICHARD T 7050 AUGUSTA NATIONAL DRIVE ORLANDO, FL 32822

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEE, RICHARD T. 7050 AUGUSTA NATIONAL DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTSD LEE, KATHLEEN S. 7050 AUGUSTA NATIONAL DR ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LEE, T.G., II 7050 AUGUSTA NATIONAL DR ORLANDO, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/23/07-80027-012 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Richard T. Lee** **1/8/07** **407-857-2835**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #